



State of New Jersey
 DEPARTMENT OF LAW & PUBLIC SAFETY
 DIVISION OF CONSUMER AFFAIRS
 OFFICE OF CONSUMER PROTECTION
 CHARITABLE REGISTRATION & INVESTIGATION SECTION
 124 HALSEY STREET, PO BOX 45021
 NEWARK, NJ 07101
 (973) 504-6215

Long Form Renewal Registration Statement CRI-300R

To be completed annually by charitable organizations filing a Renewal Registration Statement and Financial Report. If a pre-addressed mailing label is affixed and any information on the label is wrong, please correct it. If there is no label, print the full name of the organization and address below.

1. Organization Name: _____

Registration Statement For Fiscal Year Ending _____
Month *Day* *Year*

CH _____ Federal Employer _____
New Jersey Charities Registration number *(Identification number)*

Telephone number _____ Fax number _____
(Include area code) *(Include area code)*

Internet Address _____

2. Does the organization solicit funds under any name or names other than as indicated on the label as printed at the top of this form? Yes No If "Yes," indicate the other name or names.

3. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
 If "YES," attach a list indicating the address and telephone number of each office in New Jersey.

4. If the address listed above is not where the organization's official records are kept, or the organization maintains no office, indicate the name and address of the person having custody of the organization's records, and to whom correspondence should be addressed.

Name _____

Street address _____
City *State* *ZIP Code*

Telephone number _____ Fax number _____
(Include area code) *(Include area code)*

5. What are the specific programs and charitable purposes for which contributions are used?

6. Since the last filing of its Initial or Renewal Registration Statement, did the organization use an independent paid fund raiser or fund raising counsel? Yes No

For each independent (attach separate sheet if more than one) paid fund raiser or fund raising counsel indicate:

Name _____

Address _____
City State ZIP Code

Telephone # _____ Fax # _____
(Include area code) (Include area code)

CH _____
New Jersey Charities Registration number

7. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer this year? Yes No If "YES," please explain:

8. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No If "YES," attach a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach an explanation on a separate sheet of paper.

9. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employee ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrants fitness to perform activities regulated by this act? Yes No A plea of guilty, nonvult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. If "YES," attach a copy of any orders, judgement or other documents which show the final disposition of the matter.

9a. Provide the following information for each officer, director, trustee and five most highly compensated executive staff employees: (A list may be attached.)

Name	Title	Street address	Telephone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings, pending in this or any other jurisdiction?
 Yes No If "YES," attach a copy of any orders, judgements or other documents which show the final disposition of the matter.

We understand that this registration will be accepted only if the requirements of the CRI Act are met. We agree to cooperate fully with any requests by the Attorney General or the Division of Consumer Affairs to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent regulations. We hereby certify that the above statements are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature

Title and Date

Signature

Title and Date

To be signed by two authorized officers of the organization, including the chief fiscal officer.

If there is only one authorized officer, please check here.

After this report has been fully executed by two authorized officers, including the chief fiscal officer, send it to: New Jersey Division of Consumer Affairs, Regulated Business Section, Charitable Registration & Investigation, P.O. Box 45021, Newark, New Jersey 07101.

Long Form Registration Statement CRI-300R Financial Statement

Full official name and address of organization

Name _____

Street address _____

City

State

ZIP Code

CH _____ Telephone number _____

(New Jersey Charities Registration number)

(Include area code)

A. Receipts

Line 1. Contributions

Line 1a. Direct Public Support

- 1) Direct Mail _____
- 2) Telephone Solicitation Campaign _____
- 3) Commercial co-venturers _____
- 4) Gross receipts from fund raising events _____
- 5) Corporations and other businesses _____
- 6) Foundations and Trusts _____
- 7) Donated land, buildings, property, equipment,
and materials _____
- 8) Legacies and Bequests _____
- 9) Membership dues solely
resulting from solicitations _____
- 10) Other (Specify) _____
- _____
- 11) Total Direct Public Support
add lines 1a1 thru 1a10 _____

Line 1b. Indirect Public Support

- 1) Federated Fund Raising Organizations _____
- 2) From affiliated organizations _____
- 3) From other fund raising organizations _____
- 4) Total Indirect Public Support
add lines 1b1 thru 1b3 _____

Line 1c. Gross Contributions

(add lines 1a11 and 1b4) _____

**The total on this line is used to determine
the proper registration fee.**

Line 2. Government Grants Including Purchase of Service Contracts
Specify Agency

2a. _____

2b. _____

2c. _____

2d. _____

2e. Total Government Grants
(add line 2a through 2d)

Line 3. Other Support

3a. Bona fide Membership Dues

3b. Program Service Revenue

3c. Professional services rendered by volunteers

3d. Interest, investment, rental
and inventory sales income

3e. Total Other Support
(add lines 3a thru 3d)

Line 4 Total Gross Revenue
(add lines 1c, 2e, and 3e)

The total on this line is used to determine the proper financial report.

B. Expenses

Line 1. Program

Line 2. Management and General

Line 3. Fund raising

Line 4 Total Expenses
(add lines B1, B2, and B3)

C. Excess or deficit for the year ended

Subtract Line B4 from Line A4

D. Fund Balance

Line 1. Fund Balance at beginning of the year

Line 2. Other Changes in Fund Balance

Line 3. Fund Balance at the end of the year (add lines C, D1, and D2)

We hereby certify that the above statements are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature

Title and Date

Signature

Title and Date

To be signed by two authorized officers of the organization, including the chief fiscal officer.

If there is only one authorized officer, please check here.



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Long Form Renewal Registration Statement - CRI-300RC
Confidential Information

Organization Name: _____

CH _____

New Jersey Charities Registration Number

1. Are any of the organization's officers, directors, trustees or five most highly compensated employees related by blood, marriage or adoption to:
 - a. each other? Yes No
 - b. any officers, agents, or employees of any fund raising counsel or independent paid fund raiser under contract to the organization? Yes No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?
 Yes No If you answered "YES," to any of the above, complete question 2.
2. Provide the following information for each of the organization's officers, directors, trustees, and salaried executive staff employees: (A list may be attached.)

Name	Title	Home address	Telephone number <i>(Include area code)</i>	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Signature _____

